

W.O.W.! Application for Membership 2016-17

Please note that this program fills very quickly and we do turn people away when we reach our maximum number of participants. Please be sure that you can commit to Thursday evenings from 7-9pm before completing the application. We will place you on a wait list if the program is full.

Complete this form and return it to: The Town of Granby Youth Service Bureau, 15C North Granby Road, Granby, CT 06035 with payment** by September 15, 2016 (\$125/participant/full program, Sept.—April - Maximum payment of \$200 per family).

NAME: _____ GRADE: _____ D.O.B. _____

ADDRESS: _____

PHONE: _____ Is it ok to TEXT? Y/N

YOUR EMAIL: _____

PARENT/GUARDIAN _____

PARENT/GUARDIAN PHONE NUMBER(S) _____

PARENT/GUARDIAN EMAIL _____

EMERGENCY CONTACT (other than a parent): _____

PHONE _____

ALLERGIES? Y/N If yes, to what?

_____ MEDICAL, EMOTIONAL OR MENTAL HEALTH CONCERNS THAT LEADERS SHOULD KNOW: (will be kept confidential)

****DO YOU NEED FINANCIAL ASSISTANCE Y/N OR A PAYMENT PLAN Y/N ?**

If yes to either, please hand in without payment and we will contact you to arrange.

Please read and check agreement and sign below

- Participant agrees that it will indemnify and hold harmless the Town and its respective officers, agents and employees from any loss, cost, damage, expense and liability whatsoever kind or nature resulting directly or indirectly from the nature of use covered by this contract which results in bodily injury including death, personal injury or damage to property.
- Participant agrees to allow the YSB to use photographs, digital and/or video images taken during WOW! in promotional MATERIALS and newsletters.
- Participant grants permission for any emergency medical treatment that may be necessary while participating in WOW!

PARENT/GUARDIAN SIGNATURE

PARTICIPANT SIGNATURE



You are more than you know!

